



PTO/SB/21 (09-04)
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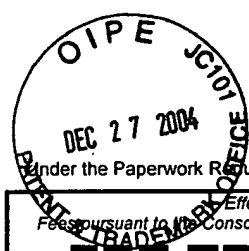
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/994,573	
	Filing Date	November 26, 2001	
	First Named Inventor	Eiko SEKI	
	Art Unit	1653	
	Examiner Name	H. Robinson	
Total Number of Pages in This Submission	47	Attorney Docket Number	251002009400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page plus duplicate for fee processing) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (13 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration (3 pages) Exhibit 1 (8 pages) Exhibit 2 (14 pages) Exhibit 3 (2 pages) Exhibit 4 (2 pages) Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Kate H. Murashige		
Date	December 22, 2004	Reg. No.	29,959

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Dated: December 22, 2004	Signature: (Judy Calem)



FEE TRANSMITTAL for FY 2005		Complete if Known																																																											
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1653																																																										
TOTAL AMOUNT OF PAYMENT		(\$)	120																																																										
METHOD OF PAYMENT (check all that apply)		Attorney Docket No. 251002009400																																																											
<div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</div> <div><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <div><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div><div><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments</div><div>under 37 CFR 1.16 and 1.17</div></div> <div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div>																																																													
FEE CALCULATION																																																													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
<table border="1" style="width:100%"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>FEE (\$)</th><th>Small Entity Fee (\$)</th><th>Fee(\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>								Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	FEE (\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
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2. EXCESS CLAIM FEES																																																													
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <table border="1" style="width:100%"><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>- 100 =</td><td>/ 50 =</td><td>(round up to a whole number) x</td><td></td><td></td></tr></tbody></table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x																																														
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for one (1) month extension of time to respond to Office Action \$120																																																													
SUBMITTED BY																																																													
Signature			Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112																																																							
Name (Print/Type)	Kate H. Murashige				Date	Dec. 22, 2004																																																							